



THE POWER OF PERCEPTIONS AND UNDERSTANDING:

Changing How We Deliver Treatment and Recovery Services

“A future without discrimination and discriminatory practices”

RESOURCE GUIDE

- **Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change.** The Substance Abuse and Mental Health Services Administration (SAMHSA) asked the National Academies of Sciences, Engineering, and Medicine to undertake [a study of the science of stigma change.](#)
- **Surgeon General's 2016 report, Chapter 7** entitled “Vision for The Future: A Public Health Approach.” This chapter summarizes research on substance misuse and substance use disorders directly affect millions of Americans every year, causing motor vehicle crashes, crimes, injuries, reduced quality of life, impaired health, and far too many deaths.
- **The Committee on the Science of Changing Behavioral Health Social Norms** commissioned a series of 8 papers to synthesize the evidence base on social norms, attitudes, beliefs, and behaviors toward persons with mental illness and substance use disorders.
- **Economic Toll of the Opioid Crisis in the U.S., the 2018 report released by Altarum** estimates the cost of the country’s opioid crisis has exceeded \$1 trillion from 2001 (\$29.1 billion) to 2017 (\$115 billion), and is projected to cost an additional \$500 billion by 2020. The report looks at what sectors within the American economy are barring the largest costs resulting from the epidemic.
- **Summary of the Comprehensive Addiction and Recovery Act (CARA II).** CARA 2.0 builds on the original CARA by increasing the funding authorization levels to better coincide with the recent budget agreement. Coupled with policy changes to strengthen the federal government’s response to this crisis, CARA 2.0 authorizes \$1 billion in dedicated resources to evidence-based prevention, enforcement, treatment, and recovery programs.
- **Protecting Our Infants Act (POIA).** This bipartisan legislation was passed in 2015 (White House Public Law 114-91) to strengthen the capacity of states and local jurisdictions to improve the safety, health, and well-being of substance-exposed infants, and the recovery of pregnant, parenting women and their families. Learn more about the [U.S. Department of Health and Human Services' \(HHS\) Report to Congress and the HHS POIA Final Strategy.](#) The act mandates HHS to: (1) reduce the gaps in research; (2) develop guidance of best practice to treat neonatal abstinence syndrome

(NAS); and (3) to coordinate federal efforts and reduce duplication among relevant federal programs.

- **Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorders.** This Protocol by SAMHSA, also produced in response to the Protecting Our Infants Act, reviews the use of the three Food and Drug Administration (FDA)-approved medications used to treat opioid use disorder (OUD)—methadone, naltrexone, and buprenorphine—and the other strategies and services needed to support recovery for people with OUD.
- **Introduction to the Comprehensive Opioid Response (COR-12)** with 12-Steps from the Hazelden Betty Ford Foundation, outlining the multiple pathways to recovery.
- **Americans Recognize the Growing Problem of Opioid Addiction.** The Associated Press NORC Center for Public Affairs Research provides this Issue Brief on the findings of AP-NORC Poll on Opioids. Notably, while more than half (53%) view prescription drug addiction as a “disease”, only 20% would closely associate with someone “suffering from addiction.”
- **“Stages of Coping When a Loved One Has a Substance Use Disorder”** this infographic provides information on coping strategies for families affected by a family member’s substance use disorder. The infographic works to normalize the stages families go through emotionally.
- **Overcoming Addiction Discrimination** a report by the National Council on Alcoholism and Drug Dependence (NCADD) of New Jersey. State Experts and policy-makers develop policy recommendations around various types of discrimination of individuals with substance use disorders.
- **Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma from the Addiction Technology Transfer Center Network,** providing the addiction treatment and recovering community with practical information and tools to enhance their capacity to engage in effective stigma reduction efforts.
- **Understanding Drug-Related Stigma Tools for Better Practice and Social Change,** a Curriculum Outline for Trainers. This training is relevant for community-based direct service staff, caseworkers, therapists, peer advocates, program administrators, medical providers, and all who are interested in understanding and addressing drug-related stigma from the Harm Reduction Coalition for the New York State Department of Health AIDS Institute.
- **Evaluating, managing, and treating substance use disorders like other chronic health conditions.** The authors (Dupont, Compton, & McLellan, 2015) describe how the treatment of addiction to alcohol and other drugs has been conceptually, organizationally, and financially segregated from the rest of health care, and advocate for a consensus on a consensus on how to measure and manage addiction services and for judging the effectiveness and value of addiction services based on the goal of five-year recovery. Click for the **Recovery Research Institute’s summary** of this publication.

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- **An interactive timeline tool** updated with entries through 2016 from HIV.gov. The timeline reflects the history of the AIDS and HIV domestic epidemic from its origins in illness, fear, and death until 2016. The information draws from the Kaiser Family Foundation, Australia's Albion Center, and the National Minority AIDS Council (NMAC). Information in the timeline is also drawn from the U.S Department of Health and Human Services' (HHS) Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA) and the National Institutes of Health (NIH).
- **Addiction as a medical disorder: Delivering a more persuasive message.** In this editorial, Humphreys (2017) outlines a rationale for why popular comparisons of substance use disorder to diabetes and asthma may miss the mark, and how we can address the problem of stigma while still realistically acknowledging the potential harm that substance use disorders can cause.
- **The Real Stigma of Substance Use Disorders: Does it matter how we talk about people with substance use disorder?** Dr. Kelly's 2010 research tested two different ways of referring to someone dealing with addiction, turning up important results for our understanding of language and addiction. *
- **Kelly, Saitz, and Wakeman (2015)** summarize the public health need to reduce the perpetuation of the stigma surrounding addiction, a major barrier to treatment access, through language; in other words, to "stop talking dirty". The authors go on to detail the conceptual and empirical basis (2016) for the need to avoid using certain terms and to reach consensus on an "addiction-ary", concluding that consistent use of agreed-upon terminology will aid precise and unambiguous clinical and scientific communication and help reduce stigmatizing and discriminatory public health and social policies.
- **Understanding addiction stigma and its intersectionality with race/ethnicity, and gender.** This study by Kulesza and colleagues (2016) assessed implicit and explicit beliefs about persons who inject drugs (PWIDS) and experimentally investigated the effects of ethnicity/race and gender on those implicit and explicit beliefs. Participants implicitly associated PWIDs (especially Latino/ versus White PWIDs) with deserving punishment as opposed to help, indicating presence of addiction stigma-related implicit beliefs.
- **"What role can the criminal justice system play in addressing drug addiction?"** from the National Institute on Drug Abuse (NIDA)'s Principles of Drug Addiction Treatment: A Research-Based Guide. This educational page discusses the efficacy of voluntary versus un-voluntary treatment for substance use disorder, and the prevalence of substance use disorder in criminal justice populations.

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